

U.S. DEPARTMENT OF ENERGY
NEVADA OPERATIONS OFFICE

ORDER

NV 3790.1C

Approved: 05-24-00
Review Date: 05-24-02
Expires: 05-24-04

**FEDERAL EMPLOYEE OCCUPATIONAL
SAFETY AND HEALTH PROGRAM**



INITIATED BY:
Environment, Safety & Health Division

FEDERAL EMPLOYEE OCCUPATIONAL SAFETY AND HEALTH PROGRAM

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1 (and 2)

1. PURPOSE. This Order supplements and is to be used in conjunction with DOE Order 3790.1B, Chapter VIII, FEDERAL EMPLOYEE OCCUPATIONAL SAFETY AND HEALTH PROGRAM, dated 1-7-93. It provides additional DOE Nevada Operations Office (DOE/NV) policies and procedures for the implementation of Chapter VIII, "Federal Employee Occupational Medical Program."
2. CANCELLATION. NV Order 3790.1B, FEDERAL EMPLOYEE OCCUPATIONAL SAFETY AND HEALTH PROGRAM, dated 2-9-95.
3. APPLICABILITY. This Order applies to all DOE/NV federal employees.
4. REFERENCES. NV M 111.X, FUNCTIONS, RESPONSIBILITIES, AND AUTHORITIES MANUAL, dated 12-15-99.
5. DEFINITIONS.
 - Medical Provider. The contractor that provides medical services for DOE/NV employees.
6. RECORDS RETENTION. Records of all Federal Employee Occupational Safety and Health Program activities shall be maintained in a central file by the Director, Environment, Safety & Health Division (ESHD). The records associated with the Office of Workmen's Compensation Program files are administered and maintained in ESHD.
7. CONTACT. For additional information, contact ESHD at 295-1433.



Kathleen A. Carlson
Manager

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CHAPTER VIII

FEDERAL EMPLOYEE OCCUPATIONAL MEDICAL PROGRAM

2. REFERENCES.

- j. Title 5 Code of Federal Regulations Part 293, Subpart E, "Employee Medical File System," which establishes an employee medical file system to manage federal civilian employee medical records, and provides employees and their designated representatives the right of access to relevant exposure and medical records.
- k. DOE O 440.1A, WORKER PROTECTION MANAGEMENT FOR DOE FEDERAL AND CONTRACTOR EMPLOYEES, dated 3-27-98; and
NV O 440.1, WORKER PROTECTION MANAGEMENT FOR DOE FEDERAL AND CONTRACTOR EMPLOYEES, dated 3-26-96.

4. RESPONSIBILITIES AND AUTHORITIES.

- c. DOE/NV Manager. Establishes and maintains the Occupational Safety and Health Program for federal employees as described in this Order.
- d. Environment, Safety & Health Division.
 - (1) Implements the program.
 - (2) Implements recommendations for more stringent requirements.
 - (3) Assists in job hazard evaluation and participates in emergency tests and exercises.
 - (4) Manages the Office of Workman's Compensation Program.
 - (5) Ensures all required forms are available to the supervisors.

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e. Human Resources Division (HRD):

- (1) Interacts with ESHD on job series requiring preplacement physical examinations.
- (2) Ensures transfer or rectifying of employee medical records as required.

f. Emergency Management Division.

- (1) Prepares an emergency response and preparedness program in conjunction with the Site Occupational Medicine Department for medical emergencies.
- (2) Conducts emergency tests and exercises in coordination with ESHD.

g. DOE/NV Principal Staff.

- (1) Ensures required forms are available.
- (2) Ensures injured or ill employees receive prompt medical attention.
- (3) Ensures accidents/illnesses are promptly and properly reported to the Director, ESHD.

5. REQUIREMENTS.

c. Health Screening Evaluations. The standard health screening evaluations are designed by the medical services provider and are directed toward general health maintenance and preventive care.

d. Job Change or Transfer Health Evaluations.

- (3) Performed by the medical provider whenever an employee transfers to or from a job which has established employee health and physical factor standard or documented hazards as a result of compliance with Chapter VIII, paragraph 5b, in DOE Order 3790.1B. HRD shall request ESHD to schedule an evaluation for each transferring employee with the medical provider. ESHD will receive verification from the medical

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services provider that the transferring employee meets all of the new job health and physical factor standard requirements prior to approving a transfer to a new job.

g. Treatment and Medications.

- (3) Providing treatment for illnesses which can be readily treated with prescription medication when the employee is at an isolated location such as the Nevada Test Site. Such treatment may include dispensing prescription or nonprescription medication and/or providing prescriptions to the employee.

j. Treatment of Occupational Injuries or Illnesses are provided by the medical provider or the employee's choice of private physician at no cost to the employee.

(1) Occupational Injury or Illness. The supervisor shall:

- (a) Maintain all forms used to report on-the-job accidents or occupational illness and file claims for compensation due to the accident or illness (such as the CA series of forms, OSHA 101, FE-6, FE-6-DEP, FE-7, and OWCP 1500A). ESHD will stock the forms.
- (b) Be prepared to distribute the forms referred to in paragraph (a) above to affected employees or their representative(s) whenever an on-the-job injury or occupational illness occurs, or is alleged to have occurred.
- (c) Ensure that each employee receives a Form CA-11, "When Injured at Work," pamphlet and a Form CA-13, "Work Injury Benefits for Federal Employees."
- (d) Be prepared to assist employees or their representatives in filing for all available benefits resulting from an on-the-job injury and/or occupational illness.
- (e) Advise any employee who has, or alleges that he/she has, an on-the-job injury or occupational illness of their rights and possible benefits and how to apply for the benefits.

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- (f) Ensure that the beneficiary of an employee who is killed in an on-the-job accident, or who dies as the result of an occupational illness, receives Form FE-6, "Claims for Death Benefits," Form FE-6-DEP, "Statement of Claim, Option C--Family Life Insurance," and is provided assistance in properly filling out and submitting the forms. (See Attachment 1, page 3.)
- (g) Ensure that an employee who suffers a job-related dismemberment is provided with Form FE-7, "Claim to Accidental Dismemberment Benefits," in addition to other required forms, and is provided assistance in properly filling out and submitting the form.
- (h) Whenever an employee is injured or becomes seriously ill on the job:
 - 1 Obtain medical help and/or emergency medical/paramedic assistance (i.e., ambulance), as necessary. Emergency assistance is obtained by calling the appropriate emergency telephone number and:
 - a Describing problem.
 - b Giving location.
 - c Answering questions regarding situation or location.
 - d Meeting emergency response personnel at facility door or roadside, and showing them to the injured/ill employee.
 - 2 Promptly telephone report of accident, injury, or illness to immediate supervisor, and the Director, ESHD.
 - 3 Ensure proper completion of appropriate forms (i.e., OSHA-101, CA-1, "Federal Employee's Notice of Traumatic Injury and Claim for Confirmation of Pay/Compensation"). Ensure that forms are sent to the workman's compensation representative in ESHD.
 - 4 Ensure return to work evaluations are performed.

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- (i) DOE/NV Employees who are injured or become seriously ill on the job shall:
 - 1 Report the injury and/or illness immediately to their supervisor, and obtain first aid at the designated location or visit the medical facility at their work location, as directed. In Las Vegas, Nevada, where the majority of the DOE/NV employees are stationed, the medical provider's facilities at 316 Atlas Circle Drive, North Las Vegas, are available. If in temporary duty status, obtain medical services at a nearby medical facility.
 - 2 Obtain follow-up medical treatment from a contractor physician or a private physician of the employee's choice. Ensure that a Form CA-16, "Attending Physician's Report," is completed as required. Form CA-16 is available from the supervisors.
 - 3 Complete a Form CA-1 within 48 hours of a serious or potentially serious injury. For an occupational disease or illness, complete a Form CA-2, "Federal Employee's Notice of Occupational Disease and Claim for Compensation," and submit it to the supervisor within 30 days of the disease. Forms CA-1 and CA-2 are available from supervisors.
- (3) Accident Investigations.
 - (a) Supervisors are responsible for reporting accidents on the appropriate forms (i.e., OSHA 101 and appropriate CA-X form) to ESHD.
 - (b) Supervisors are responsible for ensuring that accident scenes involving a fatality or the hospitalization of five or more employees are barricaded and left untouched until inspectors have an opportunity to investigate the accident.
 - (c) ESHD shall begin the investigation of an accident within 24 hours of notification.

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- 1 Investigative report of the accident shall include:
 - a Date.
 - b Time.
 - c Location.
 - d Description of operations.
 - e Description of accident.
 - f Photographs.
 - g Interviews of employees and witnesses, if applicable.
 - h Measurements taken (including any testing equipment used during the investigation).
 - i Other pertinent information including, but not limited to, chronology of events leading up to the accident, sketch of accident scene, location of witnesses (if any), safety or health standard violated (if applicable), etc.
 - 2 The investigative report shall be submitted to the Assistant Manager for Technical Services.
- (4) The accident investigation should be concluded as expeditiously as possible.
- o. Medical Records.
- (4) HRD ensures that employees who are retiring or transferring to another federal organization or agency complete a medical records release form. A copy of the signed medical records release form is then placed in the leaving employee's personnel file, and the original is sent to the medical provider along with a request to:

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- (a) Send the medical records of an employee who is transferring to another federal organization or agency to the personnel department of that organization or agency.
 - (b) Transfer the medical records of employees who are terminating or retiring into retrievable medical record storage.
- (5) HRD receives the medical records of employees transferring to DOE/NV from other federal organizations or agencies. The records are then sent to the medical provider for inclusion in the active employee medical records system.

6. NONMANDATORY COMPONENTS.

- c. All medical evaluations will be scheduled by ESHD. The procedures to be followed are:
 - (1) ESHD is notified of the dates and times when the employees can be scheduled. This notification will take place at least 1 month before employees are to be scheduled.
 - (2) HRD will notify ESHD of the names of job candidates and employees who need to have preplacement, job change or transfer, retirement, or separation health evaluations, and the effective date of the personnel action necessitating such an evaluation. Whenever possible, HRD will not request an evaluation with less than 7 working days advance notice.
 - (3) ESHD will contact the specified employees and schedule their evaluations.
 - (a) Job change or transfer, replacement, retirement, and health screening evaluations will be scheduled at least 2 weeks in advance.
 - (b) Separation health evaluations will be scheduled as soon as possible. Every effort will be made to schedule them at least 1 week in advance.

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- (c) ESHD will notify the medical provider in writing of the evaluation schedule at least 2 weeks in advance, except in the case of separation health evaluations. Then notification will be given as soon as possible.
- d. All employees who are offered a health evaluation will be required to complete an agreement and consent form. The form will indicate whether the evaluation is voluntary, and will allow employees who are offered voluntary evaluations to agree to undergo the evaluation or to refuse the evaluation.
 - (1) ESHD will provide the forms to all employees who are required to undergo an evaluation or are offered a voluntary evaluation.
 - (2) Employees undergoing required evaluations, if a condition of employment, will sign the form where indicated to agree to the evaluation. They will then return the form to their supervisor or ESHD prior to the scheduled evaluation.
 - (3) Employees undergoing voluntary evaluations will indicate either that they agree to undergo the evaluations or that they refuse the evaluations. They will then sign the forms and return them to their supervisors or ESHD prior to the scheduled evaluations. In the case of an employee refusing an evaluation, the form should also be returned within 2 weeks to ESHD.
 - (4) Supervisors will immediately forward completed health evaluation agreement and consent forms received from employees to ESHD.
 - (5) ESHD will keep track of outstanding health evaluation agreement and consent forms, and will instruct employees who are late returning them to complete and return them.
 - (6) ESHD will forward all completed health evaluation agreement and consent forms to the medical provider.
 - (7) The Contracts Management Division requires each employee's completed health evaluation agreement and consent forms in the employee's medical records.

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- e. Each employee who is given a health evaluation will be required to complete a medical release form at the time of the evaluation. The medical release form will become a part of the employee's medical records. An example release form is provided in Attachment 1.

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**Attachment 1
Page 1**

**U.S. DEPARTMENT OF ENERGY (DOE)
PRIVACY ACT STATEMENT/MEDICAL RELEASE FORM
OCCUPATIONAL HEALTH MONITORING PROGRAM RECORDS**

The information you are being asked to provide as part of DOE's Occupational Medical Monitoring Program will be included in a Privacy Act system of records entitled, "Employee Medical File System of Records." The Office of Personnel Management (OPM) published a notice of this system in the Federal Register (Fed. Reg.) on April 17, 1984 (50 Fed. Reg. 15255). This Fed. Reg. notice is applicable to certain employee medical files maintained by all federal agencies, including the medical monitoring records maintained by DOE.

1. AUTHORITY. The authority for collecting and maintaining records for the Occupational Medical Monitoring Program is 5 United States Code (U.S.C.), Chapters 11, 31, 33, 43, 61, 63, and 83, and Executive Order 12107 (relating to the organization, functions, and authority of the OPM in connection with federal employment); 5 U.S.C. 7902, 29 U.S.C. 668, and Executive Order 12196 (authorizing and directing the establishment of occupational safety and health programs by federal agencies). The authority for the collection of your social security number, which is being used for identification purposes, is Executive Order 9397.
2. PURPOSES AND ROUTINE USES TO BE MADE OF THE INFORMATION.

The purpose of this system of records is to establish a database roster of demographic, work exposure, and occupational medical information on all DOE employees who are participants in the DOE Occupational Medical Monitoring Program for use in preventing future work related health problems. Information will be used to determine unusual susceptibility to illness or injury from exposures in your work environment, to determine suitability for assignments, to permit medical surveillance for potential harmful effects of toxicants used in your work, and to provide medical treatment and advice.

Relevant information in this system of records may be disclosed:

- a. To a federal, state, or local agency to the extent necessary to:
 - (1) Adjudicate a claim for retirement, insurance, or health benefits.

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- (2) Report violations of law.
 - (3) Carry out authorized purposes concerning job related epidemiological research or laws on health and safety in the workplace.
 - (4) Carry out other authorized activities to which records in this system are relevant.
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- b. To a federal agency or court or to a party in litigation (judicial or administrative) in which the government is a party or has been served with a subpoena or in which there is a request for discovery of information relevant to the subject matter of the litigation.
 - c. To health insurance carriers when necessary and relevant to verify eligibility for payment of a health benefit claim.
 - d. To a federal agency in connection with the suitability, retention, or investigation of an employee to the extent the information is relevant and necessary.
 - e. To a congressional office in response to an inquiry made at your request.
 - f. To your DOE-appointed representative in connection with medical evaluation examination procedures of DOE-filed disability procedures.
 - g. To the extent necessary, to any person who is responsible for your care should you become mentally incompetent or be under any other legal disability.
 - h. To the extent necessary, to locate you for health research or survey purposes and epidemiological studies or when it is reasonably believed you might have contracted an illness or been exposed to a health hazard while employed with the Federal Government.
 - i. To officials of labor organizations as required by Occupational, Safety, and Health Administration regulations, but such disclosure shall be limited to analytical studies compiled from medical monitoring records.

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3. PARTICIPATION IN THE OCCUPATIONAL MEDICAL MONITORING PROGRAM.

Participation in the Occupational Medical Monitoring Program is generally voluntary. However, participation is mandatory if a medical examination is a condition of employment or if medical clearance is required before your assignment. For mandatory participants, furnishing the information requested is also mandatory. Furnishing your social security number is voluntary, but your failure to do so may result in delays in processing your records and delivering health services to you.

If you are not in a position requiring mandatory participation in the program, your participation is voluntary. Furnishing requested information, including your social security number, is also voluntary, but failure to do so may result in delays in processing your records and delivering health services to you.

In all cases, to participate you must sign this document by which you certify that you have read the contents of this Privacy Act statement.

4. ACCESS AND AVAILABILITY. The records being maintained in this system shall be made accessible to you, a physician of your choice, or your authorized representative during normal duty hours.
5. CERTIFICATION. I have received and read a copy of this statement, which I may retain, and I understand that I may receive additional copies of this statement upon request. I understand that a signed copy of this statement will be maintained in my medical records as evidence of this notification, and a copy may be sent to and maintained by the Agency Medical Monitoring Program Manager for the Occupational Medical Data System.

By my undersigned signature I so certify.

Name (Type or Print)

Branch

Signature

Date